

**NORTHERN VIRGINIA LONG-TERM CARE
OMBUDSMAN PROGRAM
12011 Government Center Parkway, Suite 708
Fairfax, VA 22035-1104
(703) 324-5861**

VOLUNTEER APPLICATION

PLEASE PRINT

Name _____ Home Phone _____
(Last) (First)

Home Address _____ Work Phone _____

_____ Date of Birth _____

Email Address (opt.): _____

Name and telephone number to contact in case of emergency: _____

Education (Circle last year completed)	High School	College	Graduate School
	1 2 3 4	1 2 3 4	1 2 3 4

PAID EXPERIENCE

1. Current Employer: _____

Responsibilities: _____

2. Previous employment experience (describe) _____

VOLUNTEER EXPERIENCE

3. Have you ever been a volunteer? _____ If yes, where? _____

Dates: _____ Describe Activities: _____

LONG-TERM CARE FACILITY EXPERIENCE

4. Have you had any experience with long-term care facilities? Yes No
Describe briefly: _____

5. Have you had any experience working with elderly adults? Yes No
Describe briefly: _____

6. Do you or a family member work in or own a nursing home or assisted living facility? Yes No
Describe briefly: _____
7. Does a member of your family reside in a nursing home or assisted living facility at the present time? Yes No
If yes, where? _____

OTHER

8. Do you have ownership or an investment interest in a long term care facility or its affiliates? Yes No
9. Do you drive? _____ 10. Do you have your own transportation? _____

Please provide two personal references (other than family members):

(Name)	(Address)	(Phone)
(Name)	(Address)	(Phone)

How did you learn about this program? _____

(Signature)	(Date)
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Thank you for your interest.